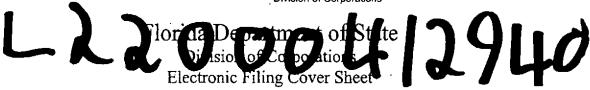
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000328999 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ELO ENTERPRISES, INC

Account Number : I20150000109 Phone : (561)544-8862 Fax Number : (954)697-0130

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

SALES @ ELOENTER PRISES. US

FEORIDA EMITED LIABILITY CO.

ETECH SOLAR, LLC

Certificate of Status	rs ±1	5/75.0
Certified Copy		a e 0 ma
Page Count: ""	11¢	11.01 it
Estimated Charge	t gr	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

TTI

tarevite, u

ARTICLESOFORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE	I – Name:
71	Caller T. Sentan

The name of the Limited Liability Company is:

E-TECH SOLAR, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
3030 NE 183th St #102	3030 NE 188th St #102	
MIAMI, FL 33180	MIAMI, FL 33180	

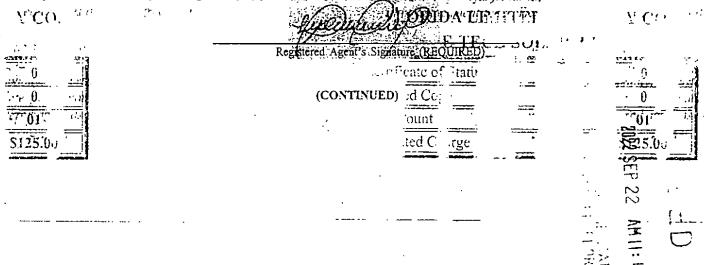
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ELO ENTERP	RISES, INC.	
	Name	
4700 NW Boca I	Raton Blvd #202	<u>.</u>
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Beca Rater.	FL	33431
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familian with and accept the obligations of my position as registered agent as provided for in Ghapter 605 F.S.



P.003/003

Δ	מי	rta	זי	F	IV_{-}

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

"AMBK" = Authorized Membe "MGR" = Manager		
MGR	PAULO CESCHIN	
	3030 NE 188th St #102	
	MIAML FL 33180	
MGR .	HENRIQUE CESCHIN	
	3030 NE 188th St #102	
•	MIANC, FL 33130	
MGR	RAFAEL CESCHIN	
	3050 NE 188th St #102	
	MIAMI, FL 33180	
	·	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than		
	ust be specific and cannot be more than five business days prior to or 90 de	iys after
the date of filing.)		**
	oes not meet the applicable statutory filing requirements, this date will not be	: listed as
the document's effective date on the Dep	partment of State's records.	
ARTICLE VI: Other provisions, if any.		
refreger I he		
	forms or	
ruid <u>REOURED</u> SIGNATURE:	Service Harriston	100000 2424
al and	al Proprior restray	
Signatur	P'AI a member or an authorized representative of a member	
This document	is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I any false information submitted in a document to the Department of State	
I am aware that	any false information submitted in a document to the Department of State	
constitutes a thi	ird degree felony as provided for in 5.817155-15.	
PA	AULO CESCHEN - Marraper	
	Type or numbed name of Studies	